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(Rel.85-11/00 Pub.605)		)	 <u>FORM</u>	<u> 17-1.</u>

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-	PTO/SB/50

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## 11036

## REISSUE PATENT APPLICATION TRANSMITTAL

<u> </u>						
A delegan to:		Attorney Docket No.	055123.P086R			
Address to:		First Named Inventor	Schaffer			
1	ant Commissioner for Patents	Original Patent Number	5,870,296			
Box Re Washii	ngton, DC 20231	Original Patent Issue Date (Month/Day/Year)	02/09/99			
1		Express Mail Label No.	EL466330343US			
APPLICATION I	FOR REISSUE OF: X Utility Patent cable box)	Design Patent	Plant Patent			
APPLICAT	ION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS				
2. Applicant construction of the construction	mittal Form (PTO/ SB/ 56) ginal, and a duplicate for fee processing)  claims small entity status. See 37 CFR 1.27.  In and Claims in double column copy of patent ended, if appropriate)  In (proposed amendments, if appropriate)  ath/Declaration (original or copy)  If 1.175) (PTO/SB/51 or 52)  Itent currently assigned?  No  Inplicable box(es))  In an and Claims in double column copy of patent ended, if appropriate)  In appropriate of all Assignees (PTO/SB/53)  In a 7.74(b) Statement of Power of	7. X Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).  8. X Original U.S. Patent for surrender Ribboned Original Patent Grant Statement of Loss (PTO/SB/55)  9. Foreign Priority Claim (35 U.S.C. 119) (if applicable) 10. Information Disclosure Statement (IDS)/PTO-1449 Citations  11. English Translation of Reissue Oath/Declaration (if applicable)  12. X Preliminary Amendment  Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  14. Other:				
X 37 C.F.R. (PTO/SB/	§ 3.73(b) Statement Attorney	••••••				
	15. CORRESPONDENCE AD	DRESS				
Custome	er Number or Bar Code Label (insert Gustomer Nor or Attach		spondence address below			
	Roger W. Blakely, Jr.					
Name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, LLP						
Address Seventh Floor						
City	Los Angeles State	CA Zip Code	90025			
Country			714/557-3347			
NAME (See	Roger W Blakely Ir a	Registration No. (Attorney/Agent)	25,831			
NAME (Print/ Signature	Roger W. Blakely, Jr.		02/08/01			

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(Reissue Patent Application Transmittal (PTO/SB/50) [17-1.1]—page 1 of 1)

FORM 17-7.1

PTO/SB/56 (08-00)
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Under the Pape	erwork Reduction Act of	1995, no pe	rsons are requir	red to re	spond to a co	ollection of info				
REI	REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 055123 . P086R			
			Clai	ms as	Filed - Part				0" - "	OII Fath
Claims in			er Filed in		(3)	Small E			Other than a	
Patent		Reissue	Application	Num	ber Extra	Rate	Fee		Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 46		***	25 =	× \$=		or	×\$ <u>18</u> =	450.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6		٠	4 =	× \$=			×\$ <u>80</u> =	320.00
		··		Basic	: Fee (37 Cf	R 1.16(h))	\$ <u>710</u>			\$ <u>710.00</u>
		- <u></u>		Т	otal Filing Fo	ee	\$710		OR	\$1,480.00
			Claim	s as Ar	mended - Pa	art 2				
	(1)		(2)	mbar	(3) Extra	Small I	Entity		Other than	a Small Entity
	Claims Remaining After Amendmen	- 1	Highest Nui Previous Paid Fo	ily	Claims Present	Rate	Fee		Rate	Fee
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Independent	***	MINUS	****		=	× \$=		_	× \$	· =
<u>.</u>					Total Ad	dditional Fee	\$	-	OR	\$
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Under the Pa	perwork Reduction Act of 1	995, no pe	rsons are requi	red to re	spond to a co	allection of infor	mation un	less it	displays a valid	OMB control numbero
REISSUE APPLICATION FEE TRANSMITTAL FORM					Docket Number (Optional) 055123.P086R					
Claims as Filed - Part 1  (2) Small Entity Other than a Small Entity										
Claims in		Numbe	r Filed in		(3)	Small Er				
Patent			Application	Num	ber Extra	Rate	Fee		Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 46		****	25 <b>=</b>	× \$=		or	×\$ <u>18</u> =	450.00
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 6			4 =	× \$=			× \$_80_=	320.00
				Basic	Fee (37 CI	FR 1.16(h))	\$ <u>710</u>			\$ <u>710.00</u>
				To	otal Filing F	ee	\$710		OR	\$1,480.00
			Claim	s as Ar	nended - P	art 2				
	(1)	T	(2)		(3)	Small 8	Entity		Other than	a Small Entity
	Claims Remaining	,	Highest Nu		Extra	Rate	Fee	$\neg$	Rate	Fee
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Please c	harge Deposit Account	No				in t	he amou	nt of _		
The Comcredit an	ate copy of this sheet is nmissioner is hereby au y overpayment to Depo ate copy of this sheet is	thorized to sit Accour enclosed.	o charge any nt No. <u>02-</u> 2	2000		·				quired, or
☐ A check	in the amount of \$ $\frac{1}{2}$	<u>,480.0</u>	0	to c	over the fili	ng / additiona	l fee is er	nclose	ed.	
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02/08/0 Date	<u>1 · </u>					Signature Roger W			ttorney or Age	eAt of Record

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